

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| | | | |
|--|---|--|--|
| 1. NAME OF COMMITTEE IN FULL Scott Peters for Congress | | | |
| ADDRESS (number and street) PO Box 22074 | | | |
| CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between;"> San Diego CA 92192 </div> | | | |
| 2. NAME OF CANDIDATE Scott Peters | 3. OFFICE SOUGHT (State and District) House CA 52 | | 4. FEC IDENTIFICATION NUMBER C00503110 |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ | | | |

| | | | |
|---|--|---|-----------------------|
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE BECTON, DICKINSON AND COMPANY PAC 1 BECTON DRIVE MC085 FRANKLIN LAKES NJ 07024 | Name of Employer Transaction ID : C6697318 Occupation | Date (month, day, year) 10/16/2014 | Amount 2500.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE Courtenay McGowen 1140 Alameda Blvd Coronado CA 92118 | Name of Employer N/A Transaction ID : C6700064A Occupation Not Employed | Date (month, day, year) 10/16/2014 | Amount 1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE PROGRESSIVE CHOICES PAC P.O. BOX 58 EVANSTON IL 60204 | Name of Employer N/A Transaction ID : C6697316A Occupation N/A | Date (month, day, year) 10/16/2014 | Amount 1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE Mary Swig 1834 California Street San Francisco CA 94109 | Name of Employer Mary Green Enterprises Transaction ID : C6700191A Occupation CEO Designer | Date (month, day, year) 10/16/2014 | Amount 1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE Steven Swig 1834 California Street San Francisco CA 94109 | Name of Employer Self-Employed Transaction ID : C6700168A Occupation Attorney | Date (month, day, year) 10/16/2014 | Amount 1000.00 |

| | | |
|--|---------------------------|--|
| SIGNATURE (optional) Nicholas R Femia <div style="text-align: center;">[Electronically Filed]</div> | DATE 10/18/2014 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |
|--|---------------------------|--|

| | | |
|--|--|--|
| | | |
|--|--|--|

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| | | | |
|---|--|---|--|
| 1. NAME OF COMMITTEE IN FULL Scott Peters for Congress | | | |
| ADDRESS (number and street) PO Box 22074 | | | |
| CITY, STATE, and ZIP CODE San Diego CA 92192 | | | |
| 2. NAME OF CANDIDATE Scott Peters | | 3. OFFICE SOUGHT (State and District) House CA 52 | |
| 4. FEC IDENTIFICATION NUMBER C00503110 | | <i>continuation page</i> | |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE THE BOEING COMPANY POLITICAL ACTION COMMITTEE 1200 WILSON BLVD ARLINGTON VA 22209 | | | |
| Name of Employer Transaction ID : C6697317 Occupation | | Date (month, day, year) 10/16/2014 | |
| Amount 4000.00 | | | |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer Occupation | | Date (month, day, year) | |
| Amount | | | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer Occupation | | Date (month, day, year) | |
| Amount | | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer Occupation | | Date (month, day, year) | |
| Amount | | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | | | |
| Name of Employer Occupation | | Date (month, day, year) | |
| Amount | | | |